

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/533651

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			/				
2							
3							
4							
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7			/				
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49							
50							
TOTAL IND.			↓		↓		
TOTAL DEP.			←	21	←		
TOTAL CLAIMS			27				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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52							
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98							
99							
100							
TOTAL IND.					↓		
TOTAL DEP.					↓		
TOTAL CLAIMS			←		←		